

PLUMBING APPLICATION

PROPERTY ADDRESS

Town or Plantation Lamoine
 Street or Subdivision Lot # Map 4 Lot # 13-7

PROPERTY OWNER(S) NAME

Last: Gott First:

Applicant Name: Michaels Plumbing

Mailing Address of Owner/Applicant (if Different) 115 Reeves Rd. Bradford Me 04410

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector(s) to deny a permit.

Signature of Owner/Applicant

Date

Department of Health and Human Services
 Division of Environmental Health

Town/City LAMOINE Permit # 18-99
 Date Permit Issued 7/22/17 Fee: \$ 40.00 Double Fee Charged []
 Local Plumbing Inspector Signature [Signature] L.P.I. # 1040
 Fee: \$ _____ State min. fee \$ _____ Locally adopted fee
 Copy: [] Owner [] Town [] State Map # _____ Lot # _____ Local

The Internal Plumbing Fixtures and Piping shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the plumbing system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.

Date Approved (Rough-in)

LPI Signature

Date Approved (Final)

PERMIT INFORMATION

This Application is for

1. ☒ NEW PLUMBING
 2. ☐ RELOCATED PLUMBING

Type of Structure to be Served

1. ☐ SINGLE FAMILY RESIDENCE
 2. ☒ MODULAR OR MOBILE HOME
 3. ☐ MULTIPLE FAMILY DWELLING
 4. ☐ OTHER-SPECIFY _____

Plumbing to be Installed by:

1. ☒ MASTER PLUMBER
 2. ☐ OIL BURNERMAN
 3. ☐ MFG'D HOUSING DEALER / MECHANIC
 4. ☐ PUBLIC UTILITY EMPLOYEE
 5. ☐ PROPERTY OWNER

LICENSE # MA910101915817

Hook-Up & Piping Relocation Maximum of 1 Hook-Up

☐ HOOK-UP: to public sewer by those cases where the connection is not regulated and inspected by the local sanitary district.

☒ HOOK-UP: to an existing subsurface wastewater disposal system

☐ PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.

OR

☐ TRANSFER FEE
 [\$10.00]

SEE PERMIT FEE SCHEDULE
 FOR CALCULATING FEE

☐ Owner ☐ Town Copy ☐ State Copy

Column 2 Type of Fixture

Number 2 Hosebib / Sillcock
 Floor Drain
 Urinal
 Drinking Fountain
 Indirect Waste
 Water Treatment Softener, Filter, Etc.
 Grease / Oil Separator
 Roof Drain
 Bidet
 Other: _____
 Fixtures (Subtotal) Column 2

Column 1 Type of Fixture

Number Bathtub (and Shower)
 Shower (separate)
 Sink
 Wash Basin
 Water Closet (Toilet)
 Clothes Washer
 Dish Washer
 Garbage Disposal
 Laundry Tub
 Water Heater
 Fixtures (Subtotal) Column 1
 Fixtures (Subtotal) Column 2

TOTAL FIXTURES

Fixture Fee

Transfer Fee

Hook-Up & Relocation Fee

40 PERMIT FEE (TOTAL)